

Safeguarding Policy & Procedures

Age UK Camden

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Safeguarding Policy

Purpose

The purpose of this policy is to provide staff, trustees and volunteers with an overview of adult safeguarding, clear guidance about everyone's responsibilities to safeguarding adults and to ensure necessary actions are taken where an adult with care and support needs is deemed to be at risk.

Every individual working for the Age UK Camden Group, irrespective of their role, has a part to play in safeguarding adults at risk.

London Multi-Agency Safeguarding Policy & Procedures

Our Policy and Procedures are guided by the principles of the London Multi-Agency Adult Safeguarding Policy and Procedures. This includes its Principles and Values, the definition of Safeguarding, Best Adult Safeguarding Practice, and key aspects of Safeguarding Procedures—such as the Stages of the Safeguarding Process, the responsibilities of agencies and individuals, dealing with concerns and enquiries, and the responsibilities of commissioners and providers.

Scope

This Policy applies to all staff and volunteers.

Definitions

Adult Safeguarding is defined as '*protecting an adult's right to live in safety, free from abuse and neglect.*'

Adult safeguarding is about preventing and responding to concerns of abuse, harm or neglect of adults. Staff should work together in partnership with adults so that they are:

- Safe and able to protect themselves from abuse and neglect;
- Treated fairly and with dignity and respect;
- Protected when they need to be;
- Able easily to get the support, protection and services that they need

Adult at risk is a person aged 18 or over who is in need of care and support (whether or not those needs are being met), who is experiencing or at risk of abuse or neglect, and because of those needs is unable to protect themselves against the abuse or neglect or the risk of it

Adult safeguarding lead is the title given to the member of staff in an organisation who is given the lead for Safeguarding Adults.

Equality Statement

The Age UK Camden Group is committed to promoting equality, diversity, and inclusion in all aspects of safeguarding adults. We recognise that every adult has the right to live free from abuse, neglect, and exploitation, regardless of their race, ethnicity, age, gender, sexual orientation, disability, religion, or any other characteristic protected under UK equality law.

We are dedicated to ensuring that all individuals have equal access to safeguarding services and that any specific needs related to equality are appropriately considered in our safeguarding practices.

We will work to eliminate discrimination, harassment, and victimisation in all forms, and ensure that our policies and procedures are inclusive, accessible, and reflect the diversity of the people we serve. This includes actively promoting and supporting the rights and wellbeing of adults at risk, with a commitment to listening to, respecting, and responding to their individual needs.

Age UK Camden Group will continue to train staff and work collaboratively with relevant agencies to uphold these principles and ensure a safe, fair, and supportive environment for all adults.

Policy Principles

Safeguarding is a fundamental part of the Age UK Camden Group's work, and this commitment is reflected in the values of our organisation. It informs and supports all of our safeguarding activity. Age UK Camden Group work within the guiding six principles of Safeguarding:

	Role of Age UK Camden Group's colleagues, volunteers and trustees	Adults we serve
Empowerment	Adults are encouraged to make their own decisions and are provided with support and information.	I am consulted about the outcomes I want from the safeguarding process and these directly inform what is done and what happens
Prevention	Strategies are developed to prevent abuse and neglect that promotes resilience and self-determination.	I am provided with easily understood information about what abuse and neglect are, how to recognise the signs and what I can do to seek help

Proportionate	A proportionate and least intrusive response is made balanced with the level of risk.	I am confident that the professionals will work in my interest and only get involved as much as needed
Protection	Adults are offered ways to protect themselves, and there is a co-ordinated response to adult safeguarding.	I am provided with help and support to report abuse and neglect. I am supported to take part in the safeguarding process to the extent to which I want and to which I am able
Partnerships	Local solutions through services working together within their communities.	I am confident that information will be appropriately shared in a way that considers its personal and sensitive nature. I am confident that agencies will work together to find the most effective responses for my own situation and concerns
Accountable	Accountability and transparency in delivering a safeguarding response.	I am clear about the roles and responsibilities of all those involved in the solution to the problem

Types of abuse and neglect

There are 10 categories of abuse described within the Care and Support Statutory Guidance. These categories are expansive and cover a range of abusive situations or behaviours. It is important to recognise that exploitation is a common theme in nearly all types of abuse and neglect.

- Physical abuse
- Domestic violence or abuse
- Sexual abuse
- Psychological or emotional abuse
- Financial or material abuse
- Modern slavery
- Discriminatory abuse
- Organisational or institutional abuse
- Neglect or acts of omission
- Self-neglect

Role and Responsibilities

Adult Safeguarding is the responsibility of all staff and volunteers within the Age UK Camden Group.

All staff and volunteers

Every individual working for the Age UK Camden Group, irrespective of their role, has a part to play in safeguarding children and adults who need care and support. All staff will undertake training and must familiarise themselves with our Safeguarding Policy and Procedures and accompanying documents.

Trustees

Age UK Camden Group's Trustees approve the Safeguarding Policy and have a duty of care to their charity, which includes taking the necessary steps to safeguard those at risk from abuse and neglect, managing risk and protecting the reputation of the charity. Trustees have a responsibility to ensure that safeguarding is included, where appropriate, in the strategic plans, risk assessments, communications and quality assurance processes of the organisation. In some cases, trustees will be required to make decisions in relation to complex or serious safeguarding concerns, in consultation with the Head of Safeguarding. The Age UK Camden Group will continue to have a Safeguarding Representative on the Age UK Camden Group's Board.

Senior Managers and Managers

Senior Managers and Managers are responsible for ensuring that they, and the staff that they supervise, are aware of Age UK Camden Group's Safeguarding Policy and Procedure and access relevant training. They must promote the discussion of safeguarding at team meetings and as part of supervision or one-to-one meetings. They may be required to make decisions relating to complex or serious safeguarding concerns and can seek advice from the Safeguarding Senior Manager where required.

Supporting Documents

The following Age UK Camden Group's policies and procedures support and complement this Safeguarding policy.

- Safeguarding Procedure
- Safeguarding Escalation and Resolution Procedure
- Recruitment Policy
- Whistleblowing Policy
- Health and Safety Policy
- Safeguarding Responsibilities Guidance
- Safer Recruitment Policy
- Disciplinary Policy

- Code of Conduct Policy
- Capability Policy

Breaches of Policy

The Age UK Camden Group has a zero-tolerance approach to serious misconduct and will not tolerate its trustees, staff or volunteers carrying out any form of violence, abuse, harassment or exploitation or ignoring neglect.

Failure to comply with the Age UK Camden Group's Safeguarding Policy may be managed in a number of ways, depending on the nature and consequences of any incident. In some cases a combination of responses may be required.

- Local authority co-ordinated safeguarding investigation
- Police investigation
- Referral to the Disclosure & Barring Service (DBS)
- People & Performance disciplinary process
- Serious incident reporting to The Charity Commission
- Internal review or co-operation with an external review

Context

This policy is based on:

- The Care Act 2014 and the Care and Support statutory guidance, which includes the Six Principles of Safeguarding that underpin all adult safeguarding work
<https://www.legislation.gov.uk/ukpga/2014/23/contents/enacted>
- London Multi Agency Safeguarding Policy and Procedures:
<https://www.camden.gov.uk/documents/20142/0/London+Multi-Agency+Adult+Safeguarding+Policy+%26+Procedures.pdf/9a4727af-aa29-7842-b0e5-c706dec3d394?t=1619620436296>
- The Human Rights Act 1998. This states everyone has the right to live free from abuse and neglect.
<http://equalityhumanrights.com/en/human-rights/human-rights-act>

Age UK Camden Group is a member of Camden's Safeguarding Adults Partnership Board and is therefore asked to adopt the London Multi- Agency Adult Safeguarding Policy and Procedures. This ensures that there is consistency across London in the way in which adults are safeguarded from neglect or abuse. This Policy is consistent with the London Multi- Agency Safeguarding Policy & Procedures.

Safeguarding Procedure

This procedure will enable Age UK Camden's Group to demonstrate its commitment to keeping safe the vulnerable adults connected with the work we do.

The purpose is to provide staff, trustees and volunteers with an overview of adult safeguarding, clear guidance about their responsibilities to safeguarding adults and to ensure necessary actions are taken where an adult with care and support needs is deemed to be at risk.

Age UK Camden's Group has a zero-tolerance approach to serious misconduct and will not tolerate its trustees, staff or volunteers carrying out any form of violence, abuse, harassment or exploitation.

Designated Persons

The Operational Safeguarding Leads at Age UK Camden Group are:

Age UK Camden

- Information & Advice Manager
- Specialist Dementia Service Manager

Age UK City of London

- Service Manager

Please refer to Appendix 6 for the designated persons contact details.

All staff should contact Information & Advice Manager or Specialist Dementia Service Manager (for Age UK Camden), or Service Manager (for Age UK City of London), regarding any actual, potential, or suspected incidents of abuse.

In the absence of the Operational Safeguarding Leads, Head of Operations & Designated Safeguarding Lead should be contacted. Staff should then contact any member of the Senior Management Team or Camden Adult Social Care (Safeguarding) at 020 7974 4444 and state Adult Social Care when prompted.

For concerns in the City of London, contact Adult Social Care on 020 7332 1224 (Monday to Friday, 9am to 5pm), or 020 8356 8855 / 020 8356 2300 outside normal working hours.

Line managers should also be made aware of the situation at the time it arises.

All volunteers should consult their line managers who should then discuss this with the safeguarding leads. A record must be made on Charitylog as to the concern, whether the concern is reported or not (Please refer to Appendix 6 for the charitylog

procedure). This is to ensure records are accurate and highlight conversations had

and actions taken. This may be needed for auditing purposes and to provide a historical account of our contact and interventions.

A Safeguarding Lead will discuss the concerns with you and make a decision as to whether this should be raised or consider alternative actions, where necessary.

In making a decision whether to report a safeguarding concern or not, the following should be taken into account:

- The adult's wishes and preferred outcome
- Whether the adult has the mental capacity to make an informed decision about their own and other's safety
- The safety and wellbeing of children or other adults at risk with care and support needs
- Whether there is a person in a position of trust involved
- Whether a crime has been committed (see below what to do in these instances)

The staff member that identified the risk/abuse is responsible for notifying Camden Adult Social Care once agreed by an Operational Safeguarding Lead (or another person in their absence).

If a volunteer identifies the risk/abuse it is the responsibility of their line manager to raise the concern.

What is Adult Safeguarding?

Safeguarding is defined as '*protecting an adult's right to live in safety, free from abuse and neglect.*' Adult safeguarding is about preventing and responding to concerns of abuse, harm or neglect of adults. Staff should work together in partnership with adults so that they are:

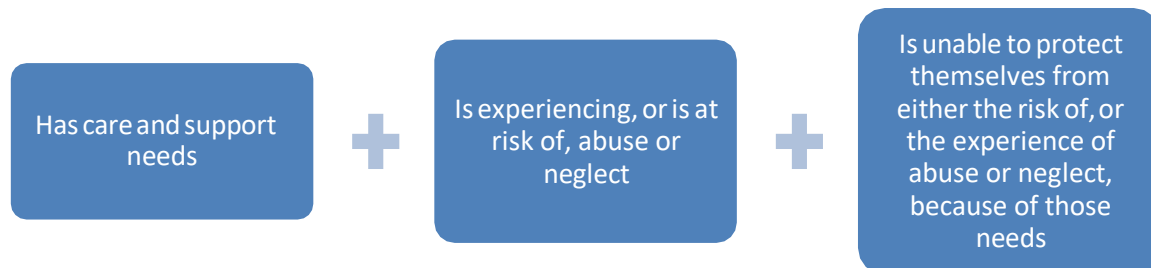
- Safe and able to protect themselves from abuse and neglect.
- Treated fairly and with dignity and respect.
- Protected when they need to be.
- Are easily able to access the support, protection and services that they need.

The aims of Adult Safeguarding are to:

- Stop abuse or neglect wherever possible.
- Prevent harm and reduce the risk of abuse or neglect to adults with care and support needs.
- Safeguard adults in a way that supports them in making choices and having control about how they want to live.
- Promote an approach that concentrates on improving life for the adults concerned.
- Raise public awareness so that communities as a whole, alongside professionals, play their part in preventing, identifying and responding to abuse and neglect.
- Provide information and support in accessible ways to help adults understand the different types of abuse, how to stay safe and what to do to raise a concern about the safety or well-being of an adult; and

- Address what has caused the abuse.

Adult safeguarding duties apply to an adult who:



Within the scope of this definition are:

- All adults who meet the above criteria regardless of their mental capacity to make decisions about their own safety or other decisions relating to safeguarding processes and activities (see Appendix 1 and 4)
- Adults who manage their own care and support through personal or health budgets;
- Adults whose needs for care and support have not been assessed as eligible or which have been assessed as below the level of eligibility for support;
- Adults who fund their own care and support.

In all adult safeguarding work, staff working with the person at risk should establish whether there are children in the family and whether checks should be made on children and young people who are part of the same household, irrespective of whether they are dependent on care either from the adult at risk, or the person alleged to have caused harm. See also Child Safeguarding Procedure.

What is Abuse and Neglect?

Definitions of abuse under Care Act

Physical Abuse - Including assault, hitting, slapping, pushing, misuse of medication, restraint or inappropriate physical sanctions. In extreme circumstances unlawful or inappropriate use of restraint may constitute a criminal offence.

- Domestic Abuse - The Home Office defines domestic abuse as: any incident or pattern of incidents of controlling, coercive or threatening behaviour, violence or abuse between those aged 16 or over, who are or have been intimate partners or family members regardless of gender or sexuality. This can encompass but is not limited to the following types of abuse: psychological, physical, sexual, financial, emotional abuse and 'honour'

based violence.

- **Sexual Abuse-** Including rape, indecent exposure, sexual harassment, inappropriate looking or touching, sexual teasing or innuendo, sexual photography, subjection to pornography or witnessing sexual acts, indecent exposure, sexual assault and sexual acts to which the adult has not consented or was pressured into consenting. Sexual exploitation involves situations, contexts and relationships where adults at risk receive something (e.g. food, accommodation, drugs, alcohol, cigarettes, gifts, money, affection) as a result of them performing sexual acts (and/or another/others performing such acts on them).
- **Psychological Abuse-** Including emotional abuse, threats of harm or abandonment, deprivation of contact, humiliation, blaming, controlling, intimidation, coercion, harassment, verbal abuse, cyber bullying, isolation, unreasonable and unjustified withdrawal of services or supportive networks.
- **Financial or material abuse-** Including theft, fraud, internet scamming, coercion in relation to an adult's financial affairs or arrangements including in connection with wills, property, inheritance or financial transactions and the misuse or misappropriation of property, possessions or benefit. An adult at risk may be persuaded to part with large sums of money/life savings
- **Modern Slavery-** This type of abuse encompasses slavery, human trafficking, forced labour and domestic servitude. Traffickers and slave masters using whatever means they have at their disposal to coerce, deceive and force individuals into a life of abuse, servitude and inhumane treatment.
- **Discriminatory Abuse-** This includes harassment, slurs or similar treatment because of race, gender and gender identity, age, disability, sexual orientation or religion. Examples of discriminatory abuse may include; denying access to communication aids, not allowing access to an interpreter, signer or lipreader. Harassment or deliberate exclusion on the grounds of a protected characteristic. Denying basic rights to healthcare, education, employment and criminal justice relating to a protected characteristic.
- **Organisational Abuse-** This includes neglect and poor care practice within an institution or specific care setting such as a hospital or care home, for example, or in relation to care provided in one's own home. This may range from one off incidents to on-going ill-treatment. It can be through neglect or poor professional practice as a result of the structure, policies, processes and practices within an organisation.
- **Neglect or Acts of Omission-** This includes ignoring medical, emotional or physical care needs, failure to provide access to appropriate health, care and support or educational services and/or the withholding of the necessities of life, such as medication, adequate nutrition and heating. Neglect also includes a failure to

intervene in situations that are dangerous to the person concerned or to others,

particularly where the adult at risk lacks the mental capacity to assess risk for themselves.

- Self-Neglect- This covers a wide range of behaviour neglecting to care for one's personal hygiene, health or surroundings and includes behaviour such as hoarding.
- The Care and Support statutory guidance identifies types of abuse but also emphasises that organisations should not limit their view of what constitutes abuse or neglect. The specific circumstances of an individual case should always be considered.

Other Types of abuse

- [Female Genital Mutilation](#)
- [Forced Marriage](#)
- [Honour Based Violence](#)
- [Hate Crime](#)
- [Mate Crime](#)
- [Human Trafficking](#)
- [Radicalisation](#)
- [Cuckooing](#)
- [County Lines](#)
- [Sexual Exploitation](#)
- [Online Harms including sexual and financial exploitation](#)

Who can cause harm?

Anyone can carry out abuse or neglect, including:

- Spouses/partners
- Other family members
- Neighbours
- Friends
- Acquaintances
- Local residents
- People who deliberately exploit adults they perceive as vulnerable to abuse
- Paid staff or professionals
- Volunteers and strangers

Where abuse happens

Abuse can happen anywhere: for example, in someone's own home, in a public place, in hospital or in a care home. It can occur when an adult lives alone or with others.

A concern may be:

- An active disclosure of abuse by the adult, where the adult tells a member of

- staff that they are experiencing abuse and/or neglect;
- A passive disclosure of abuse where someone has noticed signs of abuse or neglect, for example noticing unexplained injuries;
- An allegation of abuse by a third party, for example a family/friend or neighbour who have observed abuse or neglect or have been told of it by the adult;
- A concern raised by staff or volunteers, others using the service, a carer or a member of the public;
- An observation of the behaviour of the adult at risk;
- An observation of the behaviour of another;

Procedure: What Actions should I take?

Please see appendix 1, 2 and 4 for more guidance on Mental Capacity, Good Practice Guidance, Dispute Resolution & Escalation.

Staff and volunteers at Age UK Camden's group who have any adult safeguarding concerns should:

Respond-

- Take emergency action if someone is at immediate risk of harm/in need of urgent medical attention. Dial **999** for **emergency services**.
- Get brief details about what has happened and what the adult would like done about it, but do not probe or conduct a mini- investigation.
- Seek consent from the adult to take action and to report the concern. Consider whether the adult may lack capacity to make decisions about their own and other people's safety and wellbeing. If you decided to act against their wishes or without their consent, you must record your decision and the reason for this.

Report-

- Alert the Safeguarding Leads to your concern
- Inform your line manager
- Contact Camden Adult Social Care (ASC) by completing the Camden SAPB Multi-Agency Safeguarding Adults Referral Form and sending it to asc.mash.safeguarding@camden.gov.uk or telephone 0207 974 4444 and when prompted say "Safeguarding" for advice.

A Multi Agency Safeguarding Adults Referral Form must be sent in all cases where a safeguarding concern is being raised. If the client has an allocated Social Worker, please email the Social Worker **and** the ASC Mash email. (Please refer to Appendix 3 for a copy of the Multi Agency Safeguarding Referral Form)

- For City of London contact -Adult Social Care on **020 7332 1224** (Monday to Friday, 9am to 5pm) or **020 8356 8855/020 8356 2300** (outside normal working hours).
- Always follow up with a phone call to check they have received the concern.

Record-

- A record of the conversations had with client, safeguarding lead and ASC should be recorded within 24 hours on charitylog, including noting any risks. Please refer to

Appendix 6 for the charitylog procedure.

- Notes should be recorded under the relevant headings in the Safeguarding project of charitylog
- Records should be clear, accurate, objective, include verbatim quotes of what the client or others said, include what was seen and witnessed.

Timescales for Reporting

All Age UK Camden Group's staff & volunteers should raise a safeguarding concern immediately in cases of emergency and within one working day in other cases. If they encounter abuse or the risk on a Friday, the concern should be sent to Adult Social Care before the weekend.

A Safeguarding Lead will discuss the concerns with you and make a decision as to whether this should be raised or consider alternative actions, where necessary.

In the absence of a Safeguarding Lead, staff can contact Adult Social Care for advice/support:

[https://www.camden.gov.uk/safeguarding-adults#:~:text=If%20you%20are%20worried%20about,101%20\(non%20Durgent\).](https://www.camden.gov.uk/safeguarding-adults#:~:text=If%20you%20are%20worried%20about,101%20(non%20Durgent).)

Consideration of Reporting Concerns In making a decision whether to report a safeguarding concern or not, the following should be taken into account:

- The adult's wishes and preferred outcome
- Whether the adult has mental capacity to make an informed decision about their own and other's safety
- The safety and wellbeing of children or other adults with care and support needs
- Whether there is a person in a position of trust involved
- Whether a crime has been committed (see below what to do in these instances)

Clients not located in Camden, or reporting in other Boroughs

What if the client isn't from Camden, or the incident happened in another borough?

A safeguarding concern should always be taken by the Local Authority for the area where the incident occurred. This might include taking immediate action to ensure the safety of the person, or arranging an early discussion with the police when a criminal offence is suspected. Speak to a Safeguarding Lead or your line manager who will help you to identify the Local Authority to raise the safeguarding concern with.

Management of Safeguarding Records

Information given should be written onto Charity Log (Client records) as soon as the concern was raised (within 24 hours if possible.) Charity Log is a confidential electronic database. Any written records taken must be kept securely in a locked place.

The Safeguarding Leads provide a summary report to the Trustees of incidents at every Board Meeting. Where applicable it is the Trustees responsibility to report an incident to the Charity Commission.

<https://www.gov.uk/guidance/how-to-report-a-serious-incident-in-your-charity>

<https://www.gov.uk/guidance/report-serious-wrongdoing-at-a-charity-as-a-worker-or-volunteer>

Incidents involving staff, volunteers or others

Age UK Camden Group can and will take any disciplinary or other action necessary against staff or others if they are found to have breached our Code of Conduct and Safeguarding Policy. If such an incident occurs, Age UK Camden Group's disciplinary policy will be invoked.

It is not the responsibility of staff or volunteers to decide if abuse is taking place but it is their responsibility to pass these concerns on. Safeguarding is everyone's responsibility. See Appendix 2 for further information regarding Good Practice guidance, concerns checklist and Information the referral might contain.

Confidentiality

Age UK Camden's group expects all staff, volunteers and trustees to maintain confidentiality at all times. In line with Data Protection legislation, Age UK Camden Group does not share information if not required.

It should however be noted that information should be shared with authorities if an adult is deemed to be at risk of immediate harm. Sharing the right information, at the right time, with the right people can make all the difference to preventing harm.

The [Caldicott Principles](#) are helpful in determining what to share:

- Principle 1: Justify the purpose(s) for using confidential Information
- Principle 2: Use confidential information only when it is necessary
- Principle 3: Use the minimum necessary confidential information
- Principle 4: Access to confidential information should be on a strict need-to-know basis
- Principle 5: Everyone with access to confidential information should be aware of their responsibilities
- Principle 6: Comply with the law
- Principle 7: The duty to share information for individual care is as important as the duty to protect patient (client) confidentiality
- Principle 8: Inform patients and service users (clients) about how their confidential information is used

Age UK Camden's group is signed up to the Camden Safeguarding Adults Board information sharing agreement.

If your concern relates to a colleague, and you are concerned that you aren't being listened to, refer to the Whistleblowing policy to take further action.

Dispute resolution and escalation:

Professional disagreements should be resolved at the earliest opportunity, ensuring that the safety and wellbeing of the adult at risk remains paramount. Challenges to decisions on safeguarding should be respectful and resolved through co-operation. Disagreements can arise in a number of areas and staff should always be prepared to review decisions and plans with an open mind. Assurance that the adult at risk is safe takes priority. Disagreements should be talked through and appropriate channels of communication established to avoid misinterpretation.

In the event that operational staff are unable to resolve matters staff should consult their line manager where this needs be escalated. Multi-agency network meetings may be a helpful way to explore issues with a view to improving practice. In exceptional circumstances or where it is likely that partnership protocols are needed the Safeguarding Adult Board should be apprised.

In the case of care providers, unresolved disputes should be raised with the relevant managers leading on the concern and commissioners.

Please see also Escalation and Resolution Procedure.

Learning

Staff and volunteers are disseminated information from the Safeguarding Leads to enhance their learning. This learning comes from experiences of people, publicised safeguarding annual reports and events. The aim in sharing this is to raise greater awareness, which then enables staff to reflect on their safeguarding practice.

Recruitment, Induction and Training

Age UK Camden group has written recruitment policies and procedures in place and these will be followed at all times.

Age UK Camden's group is committed to safe employment. Safe recruitment practices, such as Disclosure and Barring checks to reduce the risk of exposing adults with care and support needs to people unsuitable to work with them.

Age UK Camden group ensures that all staff and volunteers receive awareness training on safeguarding adults as they may come across adults with care and support needs who may be at risk of abuse. Those adults may report things of concerns to staff or volunteers who should be equipped with the basic knowledge around safeguarding adults to be confident to identify abuse or risks and action as required. Staff will have refresher training annually.

Staff are made aware of the Safeguarding policy and procedure and the staff Code of Conduct in their induction. All staff inductions include a time to meet the Operational Safeguarding Leads and have the internal processes explained to them.

Appendix

Appendix:	Reference:
1	Mental Capacity
2	Good Practice Guidance
3	MASH Referral Form
4	AUC Group's Safeguarding Adults Partnership Board Escalation and Resolution Procedure flowchart
5	CharityLog Safeguarding recording procedures

Appendix 1:

Mental Capacity and Consent:

The Mental Capacity Act 2005 provides a statutory framework to empower and protect people who may lack capacity to make decisions for themselves; and establishes a framework for making decisions on their behalf. This applies whether the decisions are life-changing events or everyday matters. All decisions taken in the adult safeguarding process must comply with the Act.

The Mental Capacity Act outlines five statutory principles that underpin the work with adults who may lack mental capacity:

- A person must be assumed to have capacity unless it is established that he lacks capacity.
- A person is not to be treated as unable to make a decision unless all practicable steps to help him to do so have been taken without success.
- A person is not to be treated as unable to make a decision merely because he makes an unwise decision.
- An act done, or decision made, under this Act for or on behalf of a person who lacks capacity must be done, or made, in his best interests.
- Before the act is done, or the decision is made, regard must be had to whether the purpose for which it is needed can be as effectively achieved in a way that is less restrictive of the person's rights and freedom of action.

Mental Capacity Assessment:

The Act says that:

'...a person lacks capacity in relation to a matter if at the material time he/she is unable to make a decision for him/herself in relation to the matter because of an impairment of, or disturbance in the functioning of the mind or brain. Further, a person is not able to make a decision if they are unable to:

- *Understand the information relevant to the decision; or*
- *Retain that information long enough for them to make the decision; or*
- *Use or weigh that information as part of the process of making the decision; or*
- *Communicate their decision (whether by talking, using sign language or by any other means such as muscle movements, blinking an eye or squeezing a hand).'*

Mental capacity is time and decision-specific. This means that an adult may be able to make some decisions at one point but not at other points in time. Their ability to make a decision may also fluctuate over time. If an adult is subject to coercion or undue influence by another person this may impair their judgement and could impact on their ability to make decisions about their safety.

Consent in relation to safeguarding:

The Care Act 2014 statutory guidance advises that the first priority in safeguarding should always be to ensure the safety and well-being of the adult.

Making Safeguarding Personal (MSP) is a person-centred approach which means that adults are encouraged to make their own decisions and are provided with support and information to empower them to do so. This approach recognises that adults have a general right to independence, choice and self-determination including control over information about themselves.

Staff should strive to deliver effective safeguarding consistently with both of the above principles. They should ensure that the adult has accessible information so that the adult can make informed choices about safeguarding: what it means, risks and benefits and possible consequences. Staff will need to clearly define the various options to help support them to make a decision about their safety.

Adults may not give their consent to the sharing of safeguarding information for a number of reasons. For example, they may be unduly influenced, coerced or intimidated by another person, they may be frightened of reprisals, they may fear losing control, they may not trust social services or other partners or they may fear that their relationship with the abuser will be damaged. Reassurance and appropriate support may help to change their view on whether it is best to share information. Staff should consider the following and:

- Explore the reasons for the adult's objections – what are they worried about?
- Explain the concern and why you think it is important to share the information
- Tell the adult with whom you may be sharing the information with and why
- Explain the benefits, to them or others, of sharing information – could they access better help and support?
- Discuss the consequences of not sharing the information – could someone come to harm?
- Reassure them that the information will not be shared with anyone who does not need to know
- Reassure them that they are not alone and that support is available to them.

If, after this, the adult refuses intervention to support them with a safeguarding concern, or requests that information about them is not shared with other safeguarding partners, in general, their wishes should be respected. However, there are a number of circumstances where staff can reasonably override such a decision, including:

- The adult lacks the mental capacity to make that decision – this must be properly explored and recorded in line with the Mental Capacity Act

- Emergency or life-threatening situations may warrant the sharing of relevant information with the emergency services without consent

- Other people are, or may be, at risk, including children
- Sharing the information could prevent a serious crime
- A serious crime has been committed
- There is an allegation in relation to a staff member, volunteer or other professional.

In such circumstances, it is important to keep a careful record of the decision-making process on Charitylog (Charity Log database, all staff will receive training on recording Safeguarding issues on Charity Log database by the Safeguarding Operational Leads). Please refer to Appendix 6 for the charitylog procedure.

Staffs should seek advice from Safeguarding Leads before overriding the adult's decision, except in emergency situations. If the decision is to take action without the adult's consent, then unless it is unsafe to do so, the adults should be informed that this is being done and the reasons why.

If none of the above apply and the decision is not to share safeguarding information with other safeguarding partners, or not to intervene to safeguard the adult:

- Support the adult to weigh up the risks and benefits of different options
- Ensure they are aware of the level of risk and possible outcomes
- Offer to arrange for them to have an advocate or peer supporter
- Offer support for them to build confidence and self-esteem if necessary
- Agree on and record the level of risk the adult is taking
- Record the reasons for not intervening or sharing information
- Regularly review the situation
- Try to build trust to enable the adult to better protect themselves.

Appendix 2

Good Practice Guidance for dealing with a safeguarding concern:

- Speak in a private and safe place
- Accept what the person is saying
- Don't 'interview' the person; but establish the basic facts avoiding asking the same questions more than once
- Ask them what they would like to happen and what they would like you to do
- Don't promise the person that you'll keep what they tell you confidential; explain who you will tell and why
- If there are grounds to override a person's consent to share information, explain what these are
- Explain how the adult will be involved and kept informed
- Provide information and advice on keeping safe and the safeguarding process to establish.
 - The risks and what immediate steps to take
 - Communication needs, whether an interpreter or other support is needed
 - Whether it is likely that advocacy may be required
 - Personal care and support arrangements
 - Whether someone has the mental capacity to make decisions about whether the adult is able to protect themselves and understand the safeguarding process

Concerns Checklist:

- Safety of adult and others made
- Initial conversation held with the adult
- Emergency services contacted and recorded
- Medical treatment sought
- Consent sought
- Mental Capacity considered
- Best Interest Decisions made and recorded
- Public and vital interest considered and recorded
- Police report made
- Evidence preserved
- Referrals to specialist agencies e.g. Haven and Channel
- Referral to child and family social services if there are children and young people safeguarding matters
- Action taken to remove/reduce risk where possible and recorded
- Recorded clear rationales for decision making
- Referral to Local Authority included relevant informant.

Appendix 3

Camden Safeguarding Adults Partnership Board Multi-agency Safeguarding Adults Referral Form

**THIS FORM IS NOT TO BE USED BY MEMBERS OF THE PUBLIC.
MEMBERS OF THE PUBLIC SHOULD PHONE 020 7974 4000
AND THEN PRESS OPTION 1.**

Use this form to refer any incident or suspicion of harm.

**If outside normal office hours or at the weekend or on a Bank Holiday,
please contact**

OUT OF HOURS EMERGENCY DUTY TEAM on 020 7974 4444.

**Where a criminal act may have been committed, the police must be
notified immediately on 101 (non-urgent) or 999 (urgent).**



Section 1: DETAILS OF ADULT AT RISK

NAME		DOB	
AGE (if DOB is unknown)		GENDER	
ADDRESS		TEL NO	
DETAILS OF NEXT OF KIN/OTHER CONTACT			
HAS THE ADULT AT RISK PROVIDED CONSENT FOR THIS CONCERN TO BE RAISED?	<input type="checkbox"/> Yes <input type="checkbox"/> No		<i>If no, please state reason(s).</i>
DO YOU THINK THE ADULT AT RISK HAS MENTAL	<input type="checkbox"/> Yes <input type="checkbox"/> No		<i>Please provide further details if available.</i>

CAPACITY IN RELATION TO MAKING DECISIONS ABOUT THEIR SAFETY?	<p><i>Is there a suitable person who could represent them? (e.g. family member, friend, advocate)</i></p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No ?</p> <p><i>If yes, please provide details.</i></p>	<p><i>Has a mental capacity assessment been undertaken?</i></p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p><i>Please provide details.</i></p>
DO YOU THINK THE ADULT AT RISK WOULD HAVE SUBSTANTIAL DIFFICULTY IN PARTICIPATING IN THE SAFEGUARDING ENQUIRY PROCESS?	<p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>	<p><i>If yes, please provide details.</i></p>
HAS THE ADULT AT RISK'S FAMILY BEEN INFORMED OF THE CONCERNS (WHERE THE ADULT HAS CONSENTED TO THIS)?	<p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>	<p><i>Please provide details.</i></p>

SERVICE USER GROUP		Service User Sub- group	
ETHNICITY			
FIRST LANGUAGE	<i>Detail communication needs.</i>		
NHS NUMBER (If known)			
Section 2: CONCERN			
BRIEF FACTUAL OUTLINE OF CONCERN			
DATE OF CONCERN			
LOCATION OF INCIDENT			

TYPE(S) OF ABUSE – PLEASE SPECIFY	
ARE THERE ANY CHILDREN INVOLVED?	<input type="checkbox"/> Yes <input type="checkbox"/> No <i>If yes, please refer to Children's MASH by email LBCMASHAdmin@camden.gov.uk or telephone 020 7974 3317</i>
TYPE OF INCIDENT	
<i>If self-neglect, please skip to</i> <div style="text-align: right;"><i>Section 4</i></div>	

Section 3: PERSON/ORGANISATION ALLEGED TO HAVE CAUSED HARM (PACH)

NAME		DOB		AGE (if DOB is unknown)		GENDER	
ADDRESS							
TELEPHONE NO							
<i>If professional/volunteer, please specify</i>				<i>If other, please specify</i>			
Was alleged PACH living with the adult at time of abuse?	<input type="checkbox"/> Yes	<input type="checkbox"/> No		Still living with adult?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
If the allegation is of organisational abuse, please name the provider:							
PLEASE GIVE DETAILS OF IMMEDIATE ACTION TAKEN TO TRY AND REDUCE RISKS:							

SECTION 4: ORGANISATIONS INVOLVED

NAME	JOB TITLE	ORGANISATION (SOCIAL SERVICES,	CONTACT DETAILS PHONE NUMBER EMAIL ADDRESS
------	-----------	-----------------------------------	--

		CQC, POLICE, GP)	
HAVE THE POLICE BEEN NOTIFIED?	<input type="checkbox"/> Yes <input type="checkbox"/> No	CRIME REFERENCE NO	
PROVIDE DETAILS IF MEDICAL ATTENTION GIVEN:		NAME OF HOSPITAL/DOCTOR	

SECTION 5: REFERRER DETAILS

CONCERN REPORTED BY:	Service user	<input type="checkbox"/>	Friend	<input type="checkbox"/>
	Relative	<input type="checkbox"/>	Paid carer	<input type="checkbox"/>
	Social Worker	<input type="checkbox"/>	Stranger	<input type="checkbox"/>
	GP	<input type="checkbox"/>	Nurse	<input type="checkbox"/>
	Hospital Doctor / Staff	<input type="checkbox"/>	Therapist	<input type="checkbox"/>
	Provider or Voluntary Organisation (please specify)			
	Other (please specify)			

SECTION 6: DESIRED OUTCOMES

DESIRED OUTCOME(S) OF ADULT AT RISK	
DESIRED OUTCOME(S) OF REFERRER	

DETAILS OF THE PERSON COMPLETING THIS FORM

NAME	JOB TITLE	TELEPHONE NUMBER	EMAIL

Once the Adult MASH team have received your referral form by email, you will receive confirmation that the Concern is being screened.

If further information is required, you may be contacted by a MASH social worker.

Please note that this form is to be sent securely to
asc.mash.safeguarding@camden.gov.uk

More details on Camden's Safeguarding Policy can be found here: www.camden.gov.uk



Safeguarding Escalation and Resolution Procedure

Introduction

All professionals working with adults who have care and support needs (Adult (s) hereafter) must be able to challenge each other appropriately. When they believe that others are not working well together and, as a result, the Adult remains at what is thought to be an unacceptable level of risk then escalation should take place.

Age UK Camden Group's are guided by the procedure set out by the Camden Safeguarding Adults Partnership Board (CSAPB) who are clear that there must be respectful challenge whenever a professional or agency has a concern about the action or inaction of another. Similarly agencies/professionals should not be defensive if challenged. Practitioners and managers should always be prepared to review decisions and plans with an open mind and act proportionately.

This procedure applies to those working and volunteering with adults within the Age UK Camden Group (and provides for the resolution of professional disagreements or issues in work relating to the safety of adults at risk of, or experiencing, abuse and neglect. Most disagreements should be resolved at an early stage between the parties involved, where this is not possible, this procedure should be followed).

Principles

It is our professional responsibility to 'problem-solve'. The aim must be to resolve a professional disagreement at the earliest possible stage as swiftly as possible, always keeping in mind that the adult's safety and wellbeing is the paramount consideration.

Professional disagreement is only dysfunctional if not resolved in a constructive and timely fashion

Differences of opinion should be resolved at the earliest stage possible with escalation to the next stage only taking place where a satisfactory resolution cannot be found.

The aim should be to resolve difficulties at practitioner/fieldwork level between agencies if necessary with the involvement of their supervisors/managers, engaging in open discussion with colleagues in other agencies.

Procedure

This process should only be followed where there is no concern for immediate risk of harm to the adult or any children at risk, with each stage taking no longer than one working week before escalating to the next stage if no resolution is found. Any immediate risk of harm should be reported to:

Police: Emergency **999** Non-emergency **101**

Camden Adult Social Care Safeguarding Team: **020 7974 4000**

Camden Child Protection Co-ordinator: **020 7974 6999**

City of London contact -Adult Social Care on **020 7332 1224** (Monday to Friday, 9am to 5pm) or **020 8356 8855/020 8356 2300** (outside normal working hours).

NOTE: It should be recognised that differences in status and/or experience may affect the confidence of some workers to escalate this, and further support from a Manager or Safeguarding Lead may be needed.

Clear records should be kept on Charitylog by those involved at all stages and shared, where appropriate, in line with the Data Protection Act 1998.

Stage 1: Discussion between front line workers and or volunteers

Whenever a dispute arises, the professionals directly involved should attempt to resolve it in the first instance. Often, differences in professional opinion can be based on lack of communication or a misunderstanding of agency policy and procedures and may be resolved quickly. If the matter cannot be resolved at this stage, the parties should identify what the issues are and agree to move to the next step of the escalation process.

Stage 2: Discussion between frontline managers

The professionals involved in the dispute should contact their manager to consider the issues raised, what outcome they would like to achieve and how differences can be resolved. The front line managers should then contact each other to try to negotiate a settlement to the dispute or if this is not possible, clarify the issues before moving on to the next step.

Stage 3: Discussion between named Operational Safeguarding Leads

At this stage, disputes should be passed to the relevant designated Operational Safeguarding Lead. The issues identified will be discussed in order to find a solution that is person centered and ensures adult safety and welfare.

Stage 4: Referral to the Designated Safeguarding Lead

Stage 4 disputes should be referred to named Designated Safeguarding Lead to negotiate a resolution to the dispute.

If resolution at this stage is not possible, referral to the Camden Safeguarding Adults Partnership Board (CSAPB) may be considered. See stage 5.

Stage 5: The Camden Safeguarding Adults Partnership Board (CSAPB) Dispute Resolution meeting

At final stage, a decision should be made that settles any dispute and ensure that there is a clear way forward for the case and that this solution ensures a continued high level of partnership working in Camden that safeguards and promotes the welfare of adults.

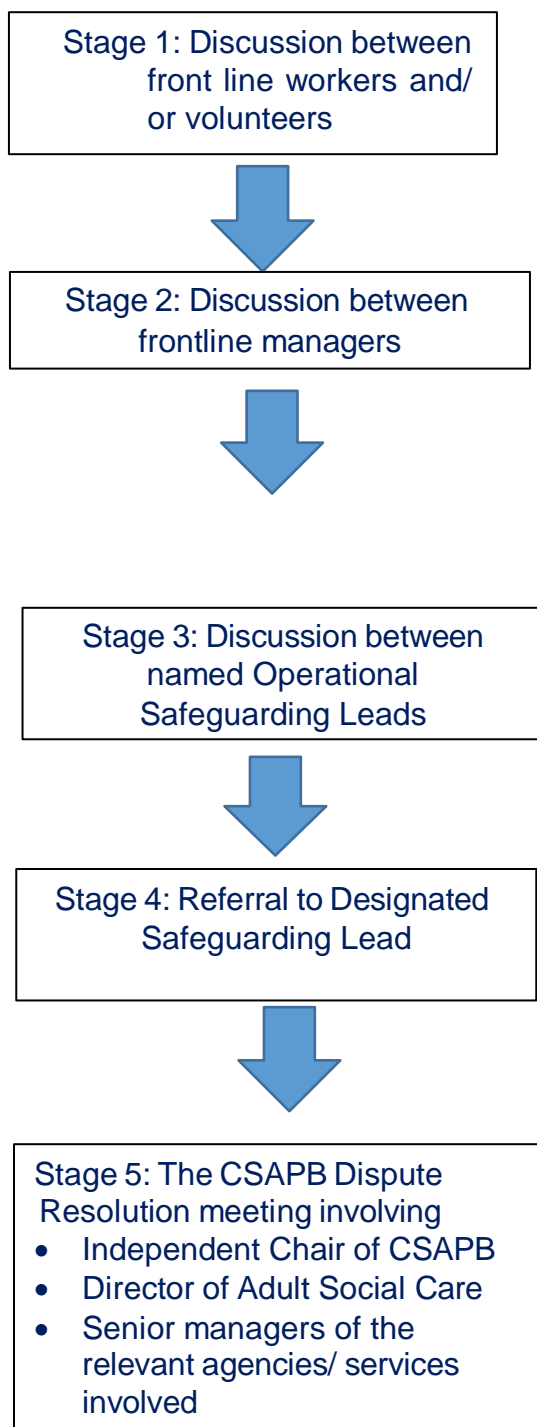
This decision will be made at a specially convened CSAPB Dispute Resolution meeting involving:

- the CSAPB Independent Chair,
- the Director of Adult Social Care
- Senior managers of the relevant agencies/services involved.

The meeting will consider the issues raised and look at earlier efforts to resolve differences. When deciding on the solution, the meeting will take into account the impact of their decision on future partnership working and service delivery. The meeting may also agree changes to policies, working practices and the operation of joint protocols in consultation with all board partners.

Appendix 4:

Age UK Camden Groups Safeguarding Adults Partnership Board Escalation and Resolution Procedure Flow-Chart



Safeguarding Responsibilities – Guidance

Purpose

Safeguarding is defined as '*protecting an adult's right to live in safety, free from abuse and neglect.*' Every individual working for the Age UK Camden Group, irrespective of their role, has a part to play in safeguarding adults who need care and support. This document outlines the roles and responsibilities of Trustee and staff leads.

Scope

This guidance applies to all staff and volunteers who have contact with clients.

Statement

This document outlines the roles and responsibilities of the following:

- Lead Safeguarding Trustee
- Designated Safeguarding Lead
- Designated Operational Safeguarding Leads

Lead Safeguarding Trustee's

The lead trustee for safeguarding will, in most cases, be a volunteer from within the board who has skills, experience and confidence in the area of safeguarding.

It is good practice to ensure that the role and responsibilities of the lead trustees are described in writing, agreed by the Board and reviewed regularly. This should include the scope of any formal decision-making authority delegated to them and how they should report to the Board the use of powers in an appropriate fashion.

The Charity Commission states that safeguarding is the responsibility of all trustees. If you appoint a lead trustee, it should be clear that they are not to be the only person among the trustees who understands safeguarding. All trustees at Age UK Camden's Group are responsible for safeguarding and also will have a designated Safeguarding Lead from the Board of Trustees.

The lead trustee for safeguarding usually takes on three main sets of duties related to safeguarding in addition to their wider responsibilities as a trustee.

Strategic:

- Consider the organisation's strategic plans and make sure they reflect safeguarding legislation, regulations specific to your activities, statutory guidance, and the safeguarding expectations of the Charities Commission.
- Work with the CEO, Designated Safeguarding Lead and the Operational Safeguarding leads team regularly to review whether the things the organisation has put in place are creating a safer culture and keeping people safe.
- Check the organisation's risk register includes an overview of safeguarding risks

and plans sensible measures to take, including relevant insurance for trustees' liability.

If your organisation delivers services that undergo auditing be aware of how ready for those audits the organisation is in relation to Safeguarding.

- A safeguarding report will be a standing agenda item for all staff meetings, trustee meetings, and all service meetings, ensuring that all Age UK Camden's Group members can review and critically engage with the reports.

Policy and Practice:

- Make sure there is an annual review of safeguarding policies and procedures and that this is reported to trustees.
- Understand the monitoring your charity does in relation to Safeguarding to see whether policies and procedures are effective.
- Ensure that the Designated Safeguarding Lead Call for audits of qualitative and quantitative data (either internal or external) as appropriate. These audits will include internal safeguarding audits, audits for CQS, Quarterly and Annual quality audits for Age UK National, and the quarterly audit reports for the Board.
- Ensure the organisation learns from case reviews locally and nationally, to improve your organisation's policies, procedures and practices.
- Ensure that the organisation has a process in place for dealing with allegations against staff or volunteers, together with CEO and Designated Safeguarding Lead.
- If all internal routes have been exhausted, be a point of contact for staff or volunteers if someone wishes to complain about a lack of action in relation to safeguarding concerns.

Creating the right culture:

- Champion safeguarding throughout the organisation.
- Attend relevant safeguarding training events and conferences.
- Support the trustees in developing their individual and collective understanding of safeguarding.
- Attend meetings, activities, projects to engage with staff, volunteers and beneficiaries to understand safeguarding on the ground.
- Work with the chair, CEO, SMT Lead, Designated Safeguarding Lead and communications team in order to manage all serious safeguarding cases.
- Ensure there are regular safeguarding updates for staff, volunteers and beneficiaries.
- Gather the views of staff and volunteers in relation to safeguarding and sharing these with the board.
- The Chair should ensure that the lead trustee for safeguarding either has the required knowledge, skills, and experience or is supported to develop these.

Designated Safeguarding Lead

The Designated Safeguarding Lead (Head of Operations) must make sure the Designated Operational Safeguarding Leads (DSL's) understand that their role is to act as the main source of support, advice and knowledge for safeguarding in your organisation.

As Designated Safeguarding Lead, the Head of Operations must support the designated operational safeguarding leads directly by:

- making sure they have enough time, funding and training resources for their role
- making sure they have appropriate management, supervision and support
- working with them regularly to discuss feedback and guidance
- being a link between the designated operational safeguarding leads and the board of trustees on safeguarding matters.

You must also support them indirectly by:

- making sure all staff and volunteers receive appropriate Safeguarding training and feel able to raise concerns about poor or unsafe practice
- making sure concerns are addressed sensitively and effectively in a timely manner following your organisation's policies and procedures
- participating in inter-agency meetings as required
- acting upon receipt of any allegation against a staff member or volunteer
- making sure your organisation's Code of Conduct is followed by everyone.

Managing the relationship

- Communication is at the heart of effective safeguarding practice. As the Designated Safeguarding Lead, the Head of Operations will need to agree to how you will communicate with your designated safeguarding leads.
- You must have a process that allows for regular and frequent contact, proportionate to the level of risk in your organisation. You should aim to include different levels of formality.

Informal check-ins help you to:

- demonstrate your commitment to the designated safeguarding lead and show you understand the pressure of the role
- gain a sense of the day-to-day issues of safeguarding in your organisation
- get a sense of the emotional impact of safeguarding and how they are coping.
- They can take place in person or via phone or messenger conversation, but even though they're informal communications, you should take care not to be overheard. You must also make sure digital communications are secure.

Management meetings help you to:

- get a broad understanding of the safeguarding issues across the organisation by reviewing formal reports

- consider implications for the organisation of any changes in legislation and statutory or non-statutory guidance
- keep records of decisions and actions you take to manage safeguarding in the organisation.
- These meetings should follow an agenda which makes sure you cover prepared reports and updates that include internal cases and external information on best practice.

Supervision meetings use best practice from fields such as counselling. They help you to support the designated safeguarding leads to:

- spend time reflecting on their thoughts, feelings and values and how their safeguarding workload has affected them
- evaluate how cases have been handled and any changes they or you would make to actions with the benefit of hindsight, in a non-judgemental way
- explore whether any individual or organisational biases are affecting safeguarding decisions.

Being the central point for all safeguarding concerns can sometimes have an emotional impact on the designated safeguarding lead. As SMT Lead, you should look out for this.

Designated Operational Safeguarding Leads

Age UK Camden's Group works with adults at risk, the Charity Commission expects Age UK Camden's Group has to have a Designated Safeguarding Lead. This is generally the individual who would respond to concerns about an adult at risk and ensure referral to statutory services.

Responsibilities:

The Designated Operational Safeguarding Leads (DSL) acts as the main source of support, advice and knowledge and training for safeguarding in your organisation.

- Provide safeguarding advice and support to staff and volunteers.
- Contributing to policies, procedures and safeguarding resources throughout your organisation.
- Advise on training needs and development, providing training where appropriate.
- Advise and support the senior management team in developing and establishing your organisation's approach to safeguarding.
- Play a lead role in maintaining and reviewing your organisation's plan for safeguarding
- Manage safeguarding concerns, allegations or incidents reported to your organisation.

- Manage referrals to key safeguarding agencies (eg social services or police) of any incidents or allegations of abuse and harm.
- Attending Safeguarding Adults Partnership Board and the associate subgroups as appropriate. These include; High Risk Advisory Group, Serious Adults Review Group, Learning and Development Group, Engagement Group.

This Guidance should be read in conjunction with Age UK Camden Group's:

- Safeguarding Policy
- Safeguarding Procedure
- Escalation and Resolution Procedure

Appendix 5: Appendix 6: Contact Details

Age UK Camden

The Safeguarding Operational Leads are:

- Paul Webley (Information & Advice Manager) - paul.webley@ageukcamden.org.uk
- Tracey McDermott (Specialist Dementia Services Manager) - tracey.Mcdermott@ageukcamden.org.uk

Safeguarding Lead for the Board

- Alison Kelly
Email: amckelly@outlook.com

Age UK City of London

The Safeguarding Operational Lead is:

- Alice Westlake (Services Manager) - alice.westlake@ageukcityoflondon.org.uk

Safeguarding Lead for the Board

- Vacancy

Designated Safeguarding Lead Age UK Camden Group

- Monica Riveros (Head of Operations)

monica.riveros@ageukcamden.org.uk

Tel: 0207 239 0400

In the absence of any Safeguarding Lead, staff should contact Ross Diamond (CEO), ChiefExec@ageukcamden.org.uk or Alison Kelly (Safeguarding Lead for the Board- Age UK Camden) amckelly@outlook.com or Imogen Clark iclarkoakley@gmail.com (Safeguarding Lead for the Board- Age UK City of London).

In exceptional circumstances please contact the Chair of the Board of Trustees, Mary Burd on maryburd.london@gmail.com

In an emergency staff should call Camden Adult Social Care (Safeguarding) on **0207 974 4444** option **3** and for City of London contact -Adult Social Care on **020 7332 1224** (Monday to Friday, 9am to 5pm) or **020 8356 8855/020 8356 2300** (outside normal working hours)

